

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
WORKERS' COMPENSATION SELF-INSURED GROUP
AFFIDAVIT REGARDING CALCULATION OF EXPERIENCE MODIFICATION FACTOR

WC SIG
NAME _____ KOI# _____ DATE _____

I, _____, being duly sworn, state as follows:
The experience modification factors utilized by the above named workers compensation self-insured group are calculated in the following manner, which is in accordance with the rules of the advisory organization designated by the Department of Insurance in accordance with Subtitle 13 of Chapter 304 of the Kentucky Revised Statutes.

Experience modification factors are calculated by NCCI. _____

Experience modification factors are calculated by _____

_____.

Signature _____

Title _____

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public
My Commission Expires _____